



11102 Sunrise Blvd. E., Suite 112, Puyallup, WA 98374

www.TheTearsFoundation.org

Request for Assistance

Cali's Gift

(13 – 20 years, due to suicide and/or drug related causes)

Requested Assistance (choose all you wish to receive):

- I would like to apply for Grief Counseling Support (TEARS offers assistance for up to 8 counseling sessions with a professional grief counselor)
I would like to apply for Funeral Assistance, including grave marker

Today's Date: Date of Service: Age at last birthday: State of Residence:

Child's Full Name: Gender: Male Female

Birth Date: Date of Incident: Date of death:

Cause(s) of Death: Drug Related, Suicide, or other (please specify)

List circumstances if known

List any GoFundMe page links current amount raised

Child's Ethnicity for Statistical Purposes: (circle one) Caucasian Asian Hispanic African-American Native American Pacific Islander

Middle Eastern Other Mixed or Bi-racial (please specify)

Name and phone number of person making funeral arrangements for the child:

Person making arrangements relationship to the child:

Mother's Full Name: Age

Email:

Mother's Address:

City: State: Zip: County:

Mother's Home Phone #: () Cell #: ()

Mother's Income: \$ (circle one) annually / monthly / hourly

Mother's Employer: Employer Ph. #: ()

Father's Full Name: Age

Email:

Father's Address (if same write "same"):

City: State: Zip: County:

Father's Home Phone #: () Cell #: ()

Father's Income: \$ (circle one) annually / monthly / hourly

Father's Employer: Employer Ph. #: ()

Annual Household Income: \$0-\$16,000 \$16,000-\$32,000 \$32,000-\$65,000 \$65,000+ (circle one)

(Financial Assistance is for low income families. Families with high incomes must list extenuating circumstances to be considered for approval. This is a need based application and to be used when all other options are exhausted.)



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Does the family receive State Assistance, SSI, Medicaid, Food Stamps? _____

List any siblings (with their ages), so we can better support your whole family during this difficult time _____

Preferred spoken and written language: _____

If applying for Grief Counseling Support, please read this section and answer the following:

Counseling services are provided through a TEARS approved counselor and need to be applied for through Cali's Gift. If you have a counselor that has not worked with The TEARS Foundation, either have them contact TEARS at (253) 200-0944 or list their name and contact information and we will call them directly.

Have you chosen a counselor? Yes No, but I would like help finding one

If yes, please provide name and phone number:

If applying for Funeral or Grave Marker assistance, please fill out this section:

Name of Funeral Home: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Name of Funeral Director: _____ Balance owing: _____

Burial _____ Cremation _____

Name of cemetery or place of interment: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____

Please submit application within 30 days of services to be considered for funeral assistance. For additional submission guidelines, please reference application guidelines at <http://thetearsfoundation.org/services/> or call (253) 200-0944.

WE CANNOT REIMBURSE FUNDS BACK TO FAMILIES. TO EXPEDITE, PLEASE CALL (253)200-0944

Signature _____ Date _____

We are accepting completed applications via the following methods:

Online application: <http://thetearsfoundation.org/services/> **Fax:** 253-848-0299 **E-mail:** office@thetearsfoundation.org

Mail: 11102 Sunrise Blvd E, Suite 112 - Puyallup, WA 98374